



**The Advance for Christ and His Church
Covenant Relationship Program**
Acceptance Agreement of Missionary Support

Date Completing Form _____ Date to Begin Relationship _____

Conference Name _____ District Name _____

Name of Church _____ Number of Church Members (#) _____

Church Address _____

Street City State Zip code
Pastor's Name _____ Church Telephone: _____

Contact Person _____ Telephone: _____

Address _____ E-mail: _____
Street City State Zip code

COVENANT SUPPORT					<i>Please indicate pledge amount</i>
Missionary's Name	New	Renew*	Country of Service	Advance Code#	\$2,500 or more, per congregation each year, or... at least \$5 per member/year

*If this is a redesignation, please indicate missionary formerly supported _____

Standard commitment: 3 years _____ (may be changed at anytime), or Other (specify) _____

For United Methodists: Make your checks payable to your local church. Write the missionary's name and Advance Code# on the "memo" line of your check. Give your gifts to your church treasurer, who will send it to your conference treasurer for Advance credit.

- or -

Make your checks payable to ADVANCE GCFA. Write the missionary's name and Advance Code# on the "memo" line of your check. Send checks to Advance GCFA, P. O. Box 9068, GPO, New York, NY 10087-9068.

By credit card: Call (888) 252-6174

Mail completed form to:

Covenant Relationship Office
475 Riverside Drive, Room 320
New York, NY 10115

Phone: (212) 870-3797; Fax: (212)870-3774

e-mail: covenant@gbgm-umc.org

FOR OFFICE USE ONLY	
Jurisdiction	_____
Conference#	_____
District#	_____
Church#	_____